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PTO/SB/05 (1100)

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

42390P13271 Attorney Docket No. John Guzek, et al. First Inventor

Express Mail Pale Wo. Y 1501 A 1607 REGIONS AND ASSOCIATED METHODS

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents	Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC 20231
1. Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) 2. Applicant claims small entity status. See 37 CFR 1.27. 3. Specification [Total Pages 16]	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. paper c. Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. Assignment Papers (cover sheet & document(s)) 10. 37 C.F.R. § 3.73(b) Statement Power of Attorney (when there is an assignee) 11. English Translation Document (if applicable) 12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 13. Preliminary Amendment 14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. Other: Supply the requisite information below and in a preliminary amendment: opart (CIP) of prior application No:
Box 5b, is considered a part of the disclosure of the accompanying cont The incorporation can only be relied upon when a portion has been inad	Group/Art Unit: of the prior application, from which an oath or declaration is supplied under inuation or divisional application and is hereby incorporated by reference. Invertently omitted from the submitted application parts. PONDENCE ADDRESS
Customer Number of Bar Code Label PATENT 1	or Correspondence address below contact that code label here)
Name	
Address	
Oity	State Zip Code (502) 484 3245
Country Telepho	one (503) 684-6200 Fax (503) 684-3245
Name (Print/Type) Michael A. Proksch	Registration No. (Attorney/Agent) 43,021

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Date

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FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$)

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Complete if Known				
Application Number				
Filing Date				
First Named Inventor	John Guzek			
Examiner Name				
Group/Art Unit				
Attorney Docket No.	42390P13271			

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)							
The Commissioner is hereby authorized to charge indicated fees and credit any overnayments to:	3. ADDITIONAL FEE							
Deposit Deposit	Large Entity Small Entity							
Account Number 02-2666	Fee	Fee	Fee	Fee	Fee D	Description		Fee Paid
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Charge Any Additional Fee(s) Required Under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.	139	130	139	130	Non-English spec	cification		
Applicant claims small entity status.	147 2	•		•	For filing a reque	•		
See 37 CFR 1.27.	112	920*	112	920	*Requesting publi Examiner action	cation of SIR	prior to	
2. Name Payment Enclosed:	113 1	,840*	113 1	1,840`	*Requesting publi	cation of SIR	after	
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	119	320	219		Notice of Appeal	•		
101 740 201 370 Utility filing fee 740.00	120	320	220	160	Filing a brief in s	upport of an a	ppeal	
106 330 206 165 Design filing fee	121	280	221	140	Request for oral	hearing		
107 510 207 255 Plant filing fee 108 740 208 370 Reissue filing fee	138 1	1,510	138	1,510	Petition to institu	te a public us	e proceeding	
114 160 214 80 Provisional filing fee	140	110	240	55	Petition to revive	- unavoidable	e	
740.00	141 1	1,280	241	640	Petition to revive	- unintention	al	
SUBTOTAL (1) (\$) 740.00	142 1	1,280	242	640	Utility issue fee (or reissue)		
2. EXTRA CLAIM FEES Extra Fee from	143	460	243		Design issue fee	•		
Claims below Total Claims 20 - 20* = 0 X 18.00 = \$0.00	144	620	244		Plant issue fee			
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103 18 203 9 Claims in excess of 20	1				(37 CFR § 1.129			
102 84 202 42 Independent claims in excess of 3	149	740	249	370	For each addition examined (37 Cf			
104 280 204 140 Multiple Dependent claim, if not pai	179	740	279	370	Request for Con			
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**or number previously paid, if greater, For Reissues, see below		,		,. 50,				
SUBMITTED BY						Comple	ete (if applica	
Name (Print/Type) Michael A. Proksch		egistrat torney/Ag		4	43,021	Telephone	(503) 684	1-6200
Signature M/- / 1) 2/15 /						Date	12/19	9/01

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